#### **UNITED STATES** FORM D OMB NUMBER: 3235-0076 SECURITIES AND EXCHANGE COMMISSION Expires: April 30, 2008 Washington, D.C. 20549 Estimated average burden hours per response. FORM D OTICE OF SALE OF SECURITIES SEC USE ONLY URSUANT TO REGULATION D, Serial Prefix **SECTION 4(6) AND/OR** FORM LIMITED OFFERING EXEMPTION Date Received Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Offering of Series B-13 and Series B-14 Units □ Rule 504 Rule 506 ☐ Section 4(6) Filing Under (Check box(es) that apply): Type of Filing: ■ New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ( Check if this is an amendment and name has changed, and indicate change.) Terx Partners, LLC Telephone Number (Including Area CompOMSON Address of Executive Offices (Number and Street, City, State, Zip Code) (858) 254-6436 c/o Trex Enterprises Corporation, 10455 Pacific Center Court, San Diego, CA 92121 (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Holding company for wholly-owned subsidiaries who provide a solution for companies organized in the People's Republic of China to issue credit cards in the People's Republic of China Type of Business Organization limited partnership, already formed □ corporation ☐ limited partnership, to be formed company □ business trust Year Month 0 5 2 □ Estimated Actual or Estimated Date of Incorporation or Organization: Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: Ε CN for Canada; FN for other foreign jurisdiction) **GENERAL INSTRUCTIONS** Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501

et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the ad address after the date on which it is due, on the date it was mailed by United States registered or certifier

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20



OMB APPROVAL

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manua signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
  Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:           | ☑ Promoter      | Beneficial Owner                       |                     | ☐ Director |                                      |
|-------------------------------------|-----------------|--|---------------------|------------|--------------------------------------|
| Full Name (Last name first, if indi | vidual)         |  |                     |            |                                      |
| Trex Enterprises Corporation        |                 | 10                                     | 6.43                |            |                                      |
| Business or Residence Address       | (Numbe          | er and Street, City, State, 2          | Lip Code)           |            |                                      |
| 10455 Pacific Center Court, S       | an Diego, CA 92 | 2121                                   |                     |            |                                      |
| Check Box(es) that Apply:           | ☑ Promoter      |  | ☐ Executive Officer | ☐ Director |                                      |
| Full Name (Last name first, if ind  | ividual)        |  |                     |            |                                      |
| Pacificap Credit Hawaii Fund        | I, LLC          |  |                     |            |                                      |
| Business or Residence Address       | (Numb           | er and Street, City, State, 2          | Cip Code)           |            |                                      |
| 841 Bishop Street, Suite 1020       | . Honolulu, Haw | aii 96813                              |                     |            |                                      |
| Check Box(es) that Apply:           | □ Promoter      | ■ Beneficial Owner                     | ☐ Executive Officer | ☐ Director | ☐ Manager                            |
| Full Name (Last name first, if ind  | ividual)        |  |                     | ·          | <del></del>                          |
| PacifiCap Group, LLC                |                 |  |                     |            |                                      |
| Business or Residence Address       | (Numb           | er and Street, City, State, 2          | Lip Code)           |            |                                      |
| 841 Bishop Street, Suite 1020       | Honolulu Hau    | vaii 96813                             |                     |            |                                      |
| Check Box(es) that Apply:           | □ Promoter      | ☐ Beneficial Owner                     | ☐ Executive Officer | ☐ Director | ☐ Manager                            |
| Full Name (Last name first, if ind  | ividual)        | <del> ·</del>                          |                     |            | ***                                  |
|                                     |                 | —————————————————————————————————————— |                     | <u> </u>   | ·                                    |
| Business or Residence Address       | (Numb           | er and Street, City, State, 2          | Zip Code)           |            |                                      |
| Check Box(es) that Apply:           | ☐ Promoter      | ☐ Beneficial Owner                     | ☐ Executive Officer | ☐ Director | ☐ Manager                            |
| Full Name (Last name first, if ind  | ividual)        |  |                     |            |                                      |
| run ivanie (Last name mst, n mu     | ividualy        |  |                     |            |                                      |
| Businéss or Residence Address       | (Numb           | er and Street, City, State, 2          | Zip Code)           | •          |                                      |
|                                     |                 |  |                     |            |                                      |
| Check Box(es) that Apply:           | ☐ Promoter      | ☐ Beneficial Owner                     | ☐ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if ind  | ividual)        |  |                     |            | <u> </u>                             |
|                                     |                 |  |                     |            |                                      |
| Business or Residence Address       | (Numb           | er and Street, City, State, 2          | Zip Code)           |            |                                      |
| Check Box(es) that Apply:           | □ Promoter      | ☐ Beneficial Owner                     | ☐ Executive Officer | ☐ Director | ☐ General and/or                     |
|                                     |                 |  | <u>.</u>            |            | Managing Partner                     |
| Full Name (Last name first, if ind  | ividual)        |  |                     |            |                                      |
| Business or Residence Address       | (Numb           | er and Street, City, State, 2          | Zip Code)           |            |                                      |
|                                     |                 |  |                     |            | _                                    |

|  |   |  |   | B. INFO                  | ORMATIO                    | N ABOUT                    | OFFERI                    | NG                           | ~                            |                           | _                       |                 |
|--|---|--|---|--------------------------|----------------------------|----------------------------|---------------------------|------------------------------|------------------------------|---------------------------|-------------------------|-----------------|
| ). Has the iss   | suer sold, o                                | r does the is                                | suer intend                                   | to sell, to              | non accredit               | ted investor               | s in this of              | fering?                      |                              |                           |                         | No<br>⊠         |
|  |   |  |   |                          | Appendix, (                |                            |                           |                              |                              |                           |                         |                 |
| 2. What is th  | e minimum                                   | investmen                                    | t that will b                                 | e accepted               | from any in                | dividual?                  |                           |                              |                              |                           | \$ <u>10,000</u>        | <u> </u>        |
|  |   |  |   | •                        | -                          |                            |                           |                              |                              |                           | Yes 1                   | No              |
| 3. Does the c  | offering per                                | mit joint ov                                 | nership of                                    | a single un              | it?                        |                            |                           |                              |                              |                           |                         | <b>3</b>        |
| 4. Enter the iremuneration agent of a bropersons to be Full Name (L. | for solicita<br>ker or deal<br>listed are a | tion of purd<br>er registered<br>ssociated p | thasers in co<br>d with the S<br>ersons of su | onnection v<br>EC and/or | vith sales of with a state | securities<br>or states, l | in the offer ist the name | ing. If a per<br>of the brol | rson to be l<br>cer or deale | isted is an<br>r. If more | associated<br>than five | d person or     |
| N/A  |   |  |   |                          |                            |                            |                           |                              |                              |                           |                         |                 |
| Business or R  | Residence A                                 | ddress (Nu                                   | mber and S                                    | treet, City,             | State, Zip C               | Code)                      |                           |                              |                              |                           |                         |                 |
|  |   |  |   |                          |                            |                            |                           |                              |                              |                           |                         |                 |
| Name of Asse   | ociated Bro                                 | ker or Deal                                  | ег  |                          |                            |                            |                           |                              |                              |                           |                         |                 |
| States in Whi  |   |  |   |                          |                            | hasers                     |                           |                              |                              |                           |                         | All States      |
| (Check " [AL]  | Ali State" (<br>[AK]                        | or check ind<br>[AZ]                         | ividuai Stai<br>[AR]                          | (es)<br>[CA]             | [CO]                       | [CT]                       | [DE]                      | [DC]                         | [FL]                         | [GA]                      | U /<br>[HI]             | All States      |
| [IL]   | [IN]  | [lA]   | (KS)  | [KY]                     | [LA]                       | [ME]                       | [BE]                      | [MA]                         | [MI]                         | [MN]                      | [MS]                    | [MO]            |
| [MT]   | [NE]  | [NV]   | [NH]  | [NJ]                     | [NM]                       | [NY]                       | [NC]                      | [ND]                         | [OH]                         | [OK]                      | [OR]                    | [PA]            |
| (RI)   | [SC]  | [SD]   | [אדן  | (TX)                     | (UT)                       | [VT]                       | [VA]                      | [WA]                         | [WV]                         | [WI]                      | [WY]                    | [PR]            |
| Business or F  | Residence A                                 | Address (Nu                                  | mber and S                                    | treet, City,             | State, Zip (               | Code)                      |                           |                              |                              |                           |                         |                 |
| Name of Ass  | ociated Bro                                 | ker or Deal                                  | er  |                          |                            |                            |                           |                              |                              |                           |                         |                 |
| States in Whi  |   |  |   |                          |                            |                            |                           |                              | • • •                        |                           |                         | All States      |
| (Clieck  | [AK]  | AZ]  | [AR]  | [CA]                     | [CO]                       | [CT]                       | [DE]                      | [DC]                         | [FL]                         | [GA]                      | (HI)                    | [ID]            |
| ני—,<br>[IL]   | [ואו]                                       | [IA]   | [KS]  | [KY]                     | [LA]                       | [ME]                       | [MD]                      | [MA]                         | [MI]                         | [MN]                      | [MS]                    | [MO]            |
| [MT]   | [NE]  | [NV]   | [NH]  | ונאו                     | [NM]                       | [NY]                       | [NC]                      | [ND]                         | lohi                         | [OK]                      | [OR]                    | [PA]            |
| [RI]   | [SC]  | [SD]   | [TN]  | [TX]                     | [UT]                       | [VT]                       | [VA]                      | [WA]                         | (WV)                         | [WI]                      | [WY]                    | [PR]            |
| Full Name (L   |   |  | <del> </del>                                  | . ,                      | . ,                        | <u> </u>                   |                           |                              |                              |                           |                         |                 |
|  |   |  |   |                          |                            |                            |                           |                              |                              |                           |                         |                 |
| Business or F  | Residence A                                 | Address (Nu                                  | mber and S                                    | treet, City,             | State, Zip (               | Code)                      |                           |                              |                              |                           | -                       |                 |
|  |   |  |   |                          |                            |                            |                           |                              |                              |                           |                         |                 |
| Name of Ass  | ociated Bro                                 | ker or Deal                                  | ег  |                          |                            |                            |                           |                              |                              |                           |                         |                 |
| States in Wh   |   |  |   |                          | Solicit Purc               | hasers                     |                           |                              | -                            |                           |                         |                 |
|  |   | or check ind                                 |   | tes)<br>[CA]             |                            | [CT]                       | [DE]                      | [DC]                         | [FL]                         | [GA]                      | <br>(HI)                | All States [ID] |
| [AL]   | [AK]  | [AZ]   | [AR]<br>[KS]                                  | [KY]                     | [CO]<br>[LA]               | [ME]                       | [MD]                      | [MA]                         | [FL]<br>[MI]                 | [MN]                      | [MS]                    | [MO]            |
| (IL)<br>(MT)   | [IN]<br>[NE]                                | [IA]<br>[NV]                                 | [NH]  | [NJ]                     | [NM]                       | [NY]                       | [NC]                      | (ND)                         | [OH]                         | [OK]                      | [OR]                    | [PA]            |
|  |   | [SD]   |   |                          |                            |                            |                           |                              | [WV]                         | [WI]                      | [WY]                    | [PR]            |
| [RI]   | [SC]  | נענו   | [TN]  | [TX]                     | (UT)                       | [VT]                       | [VA]                      | [WA]                         | [wv]                         | [vvi]                     | [ VV I ]                | [rk]            |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

[RI]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| <ol> <li>Enter the aggregate offering price of securities included in this offering and the total amount<br/>already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering,<br/>check this box   and indicate in the columns below the amounts of the securities offered for exchange</li> </ol>   |                      |  |
|--|----------------------|--|
|  | Aggregate            | Amount Already                             |
| Type of Security   | Offering Price       | Sold                                       |
| Debt   | \$                   | \$   |
| Equity   | \$                   | \$   |
| □ Common □ Preferred   |                      |  |
| Convertible Securities (including warrants)  | <b>s</b>             | <b>s</b>                                   |
| Partnership Interests  | \$                   | s  |
| Other (Specify <u>limited liability company membership units</u>   | )                    |  |
|  | \$ <u>34,000,000</u> | \$ <u>13,351,800</u>                       |
| Total  | \$ <u>34,000,000</u> | \$13,351,800                               |
| Answer also in Appendix, Column 3, if filing under ULOE.   |                      |  |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."    | Number<br>Investors  | Aggregate<br>Dollar Amount<br>of Purchases |
| Accredited Investors   |                      | \$ <u>13,351,800</u>                       |
| Non-accredited Investors   |                      | <b>s</b> 0                                 |
| Total (for filings under Rule 504 only)  |                      | <b>S</b>                                   |
| Answer also in Appendix, Column 4, if filing under ULOE.   |                      |  |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.   |                      |  |
| Type of offering   | Type of              | Dollar Amount<br>Sold                      |
| Rule 505   | Security             | \$   |
| Regulation A   |                      | \$   |
| Rule 504   |                      | \$   |
| Total  |                      | \$ 0.00                                    |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                      |  |
| Transfer Agent's Fees  | 1                    | □ \$                                       |
| Printing and Engraving Costs   |                      | □ \$                                       |
| Legal Fees   | 1                    | <b>85,000 85,000 8 8 8 8 8 8 8 8 8 8</b>   |
| Accounting Fees  | 1                    | <b>\$</b> 15.000                           |
| Engineering Fees   |                      | □ \$                                       |
| Sales Commissions (specify finders' fees separately)   |                      | ⊐ \$                                       |
| Other Expenses (identify) <u>blue sky filing fees</u>  |                      | <b>\$</b> 1,000                            |
| Total  |                      | <b>\$</b> _101,000                         |

| C. OFFERING PRICE,  | NUMBER OF INVESTORS, EXPENSES A   | ND USE OF P  | ROCEEDS  |                          |
|---|---|--------------|--|--------------------------|
| 1 and total expenses furnished in response  | offering price given in response to Part C - Qu<br>to Part C - Question 4.a. This difference is the   |              |  | \$ <u>33,899,000</u>     |
| estimate and check the box to the left of the   | oss proceeds to the issuer used or proposed to be mount for any purpose is not known, furnish an stimate. The total of the payments listed must corth in response to Part C - Question 4.b above. | ı<br>equal   |  |                          |
| ino assistante grosso processos to tino tersor servi-   |   |              | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others    |
| Salaries and fees   |   | 🛮            | \$ <u>70,000</u>                                       | s                        |
| Purchase of real estate   |   | 🗖            | S C  | <b>\$</b>                |
| Purchase, rental or leasing and installation  | n of machinery and equipment  |              | \$ [   | ı \$                     |
| Construction or leasing of plant building   | s and facilities  | 🗅            | \$ [   | <b>\$</b>                |
| Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger) | g the value of securities involved in this<br>r the assets or securities of another   |              | \$   | n \$                     |
| •   |   |              | \$   |                          |
| • •   |   |              |  | s •                      |
|   | arjes for their working capital and research and  |              | <u> </u>   | <u></u>                  |
|   | artes for then working eapting and resources and  |              | \$ 5   | \$ 33,829,000            |
|   |   |              |  | \$ 33,829,000            |
| <del>-</del>  | ded)  | _            | -  | ,899,000                 |
| Total Payments Disted (Column totals ad   |   | ••••••       | <b>a</b> v <u>-55</u>                                  | ,077,000                 |
|   | D. FEDERAL SIGNATURE  |              |  |                          |
|   |   | ****         | C1 1 1 D 1   | 505 (1)                  |
|   | g by the undersigned duly authorized person.  g by the issuer to furnish to the U.S. Securities ssuer to any non-accredited investor pursuant to  | and Exchange | Commission, upor                                       | ous, the written request |
| Issuer (Print or Type)  | Signature   |              | Date   |                          |
| Trex Partners, LLC  | Starry Willey   |              | October 3, 2007  |                          |
| Name of Signer (Print or Type)  | Title of Signer (Print or Type)   |              |  |                          |
| Steven Willett  | Asst, Secretary   |              |  |                          |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| 4   | E. STAT                       | TE SIGNATURE                     | · · · · · - · · - · · · · · · · · · · · |          |         |
|---|-------------------------------|----------------------------------|---|----------|---------|
| Is any party described in 17 CFR 230.2 of such rule?  |                               | •                                |   | Yes      | No<br>⊠ |
|   | See Appendix, Co              | olumn 5, for state response.     |   |          |         |
| <ol><li>The undersigned issuer hereby underta<br/>Form D (17 CFR 239,500) at such tin</li></ol>   |                               |                                  | hich this notice is filed, a no         | otice on |         |
| <ol><li>The undersigned issuer hereby underta<br/>issuer to offerees.</li></ol>   | kes to furnish to the state a | administrators, upon written rec | quest, information furnished            | l by the |         |
| <ol> <li>The undersigned issuer represents that<br/>limited Offering Exemption (ULOE) of<br/>this exemption has the burden of es</li> </ol> | of the state in which this ne | otice is filed and understands t |   |          |         |
| The issuer has read this notification and k undersigned duly authorized person.   | nows the contents to be tru   | ue and has duly caused this not  | ice to be signed on its behal           | f by the |         |
| issuer (Print or Type)<br>Trex Partners, LLC  | Signature                     | in Silfall                       | Date<br>October 3, 200                  | )7       |         |
| Name of Signer (Print or Type)  | Title of Signer (Prin         |                                  |   |          | -       |
| Steven Willett  | Acet                          | Secretary                        |   |          |         |

### Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| Α | PP | EN | DIX |
|---|----|----|-----|
|---|----|----|-----|

| 1     | :       | 2   | under S  |  |             |  | Disqual<br>under Sta | 5<br>Disqualification<br>nder State ULOE                                |    |  |
|-------|---------|---|--|--|-------------|--|----------------------|---|----|--|
|       | to non- | d to sell<br>accredited<br>rs in State<br>3-Item 1) | security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |             |  |                      | (if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |    |  |
| State | Yes     | No  | Series B-13<br>and B-14<br>LLC Units                                   | Number of<br>Accredited<br>Investors                           | Amount      | Number of<br>Non-Accredited<br>Investors | Amount               | Yes   | No |  |
| AL    |         |   |  |  |             |  |                      |   |    |  |
| AK    |         |   |  |  |             |  |                      |   |    |  |
| ΑZ    |         |   |  |  |             |  |                      |   |    |  |
| AR    |         |   |  |  |             |  |                      | •   |    |  |
| CA    |         | х   | \$24,000,000   | 1  | \$9,424,800 | 0  | 0                    |   | х  |  |
| со    |         |   |  |  |             |  | ]                    |   |    |  |
| СТ    |         |   |  |  |             |  |                      |   |    |  |
| DE    |         |   |  |  |             |  |                      |   |    |  |
| DC    |         |   |  |  |             |  |                      |   |    |  |
| FL    |         |   |  |  |             |  |                      |   |    |  |
| GA    |         |   |  |  |             |  |                      |   |    |  |
| Hl    |         | х   | \$10,000,000   | 6  | \$2,721,000 | 0  | 0                    |   | x  |  |
| ID    |         |   |  |  |             |  |                      |   |    |  |
| IL    |         |   |  |  |             |  |                      |   |    |  |
| IN    |         |   |  |  | <u> </u>    |  |                      |   |    |  |
| IA    |         |   |  |  |             |  |                      |   |    |  |
| KS    |         |   |  |  |             |  |                      |   |    |  |
| KY    |         |   |  |  | :           |  |                      |   |    |  |
| LA    |         |   |  |  |             |  |                      |   |    |  |
| ME    |         |   |  |  |             |  |                      |   |    |  |
| MD    |         |   |  |  |             |  |                      |   |    |  |
| MA    |         |   |  |  |             |  |                      |   |    |  |
| МІ    |         |   |  |  |             |  |                      |   |    |  |
| MN    |         |   |  |  |             |  |                      |   |    |  |
| MS    |         |   |  |  |             |  |                      |   |    |  |
| МО    |         |   |  |  |             |  |                      |   |    |  |

# APPENDIX

| 1     | ,       | 2   | 3  |  |             |  | Disqual | ification   |    |  |
|-------|---------|---|--|--|-------------|--|---------|---|----|--|
|       | to non- | d to sell<br>accredited<br>rs in State<br>3-Item 1) | Type of security and aggregate offering price offered in state (Part C Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |             |  |         | under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |    |  |
| State | Yes     | No  | Series B-13<br>and B-14<br>LLC Units   | Number of<br>Accredited<br>Investors                           | Amount      | Number of<br>Non-Accredited<br>Investors | Amount  | Yes   | No |  |
| МТ    |         |   |  |  |             |  |         |   |    |  |
| NE    |         |   |  |  | 1           | .,.                                      |         |   |    |  |
| NV    |         |   |  |  |             |  |         |   |    |  |
| NH    | -       | \ <u>-</u>  |  |  |             |  | -       |   |    |  |
| נא    |         |   |  |  |             |  |         |   |    |  |
| NM    |         |   |  | -  |             |  |         |   |    |  |
| NY    |         |   |  |  |             |  |         |   |    |  |
| NC    |         |   |  |  | -           |  |         |   |    |  |
| ND    |         |   |  |  |             |  |         |   |    |  |
| ОН    |         |   |  |  |             |  |         |   |    |  |
| ОК    |         |   |  |  |             |  |         |   |    |  |
| OR    |         |   |  |  |             |  |         |   |    |  |
| PA    |         |   |  |  |             |  |         |   |    |  |
| RJ    |         |   |  |  |             |  |         |   |    |  |
| SC    |         |   |  |  |             |  |         |   |    |  |
| SD    |         |   |  |  |             |  |         |   |    |  |
| TN    |         |   |  |  |             |  |         |   |    |  |
| TX    |         |   |  |  |             |  |         |   |    |  |
| UT    |         |   |  |  |             |  |         |   |    |  |
| VT    |         |   |  |  |             |  |         |   |    |  |
| VA    |         |   |  |  |             |  |         |   |    |  |
| WA    |         | х   | \$10,000,000   | 4  | \$1,206,000 | 0  | \$0     |   | х  |  |
| wv    |         |   |  |  |             |  |         |   |    |  |
| WI    |         |   |  |  |             |  |         |   |    |  |
| WY    |         |   |  |  |             |  |         |   |    |  |
| PR    |         |   |  |  |             |  |         |   |    |  |

